

EXHIBIT F

DEPARTMENT OF HEALTH				CITY OF NEW YORK				
CERTIFICATE OF BIRTH REGISTRATION								
FILED				Certificate of Birth				
				156-56-348850				
				Certificate No.				
1. Full name of child (PRINT)		John	Francis	Jermyn				
First name		Middle name	Last name					
2. Sex		Number of children born of this pregnancy	One	Date of child's birth	Month	Day	Year	
Male		If more than one, number of this child in order of birth						
3. PLACE OF BIRTH		USUAL RESIDENCE OF MOTHER						
(a) NEW YORK CITY		(a) State New York						
(b) Name of Hospital or Institution		(b) City Brooklyn						
(c) Street address								
4. Father's name		FATHER'S NAME	MOTHER'S NAME					
Raymond		Martin Jermyn	Margaret Kelly					
5. Color of Eye		Color of Eye	White	Age at time of birth		28	years	
6. Birthplace (City or place and State or Country)		Birthplace (City or place and State or Country)						
USA		USA						
7. Father's Occupation		Total number of children BORN IN PREVIOUS 12 MONTHS						
Fireman		Two						
8. The kind of business or industry which work was done		Number of children BORN IN PREVIOUS 12 MONTHS						
N. Y. C. Fire Dept.		Two						
I hereby certify that my child was born alive at the hour and on report of birth are true to the best of my knowledge, information and belief.								
Given name added in a supplemental report		Signed <i>Oscar Jermyn</i> Address <i>589 East 11th Street</i> Date of Report <i>11/18/56</i>						
(Date of) Borough Registrar								
Print here the mailing address of mother ► Copy of this certificate will be mailed to her when it is filed with the Department of Health.								
BUREAU OF RECORDS AND STATISTICS				DEPARTMENT OF HEALTH		THE CITY OF NEW YORK		
RECORDED IN THE BUREAU OF RECORDS AND STATISTICS RECORDED IN THE DEPARTMENT OF HEALTH RECORDED IN THE CITY OF NEW YORK								
APR 1956								
Mr. M. Jermyn								
Note: _____ Apt. _____ Address: _____ City: Brooklyn, New York State								